



Complete Summary

TITLE

Hospital inpatients' experiences: percentage of adult inpatients who reported how often the area around their room was quiet at night.

SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS hospital survey. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 1. 4 p.

Centers for Medicare & Medicaid Services (CMS). HCAHPS survey [http://www.hcahpsonline.org]. [Web site]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); [updated 2007 Mar 09]; [accessed 2006 Jun 21]. [various].

Measure Domain

PRIMARY MEASURE DOMAIN

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of respondents who reported how often ("Always," "Usually," "Sometimes," or "Never") the area around their room was quiet at night. The "Quietness of the Hospital Environment" measure is based on one question on the CAHPS Hospital Survey.

RATIONALE

The intent of the CAHPS Hospital Survey (also known as Hospital CAHPS or HCAHPS) initiative is to provide a standardized survey instrument and data

collection methodology for measuring patients' perspective on hospital care. While many hospitals collect information on patient satisfaction, there is no national standard for collecting or publicly reporting this information that would enable valid comparisons to be made across all hospitals. In order to make "apples to apples" comparisons to support consumer choice, it is necessary to introduce a standard measurement approach.

Three broad goals have shaped the HCAHPS survey. First, the survey is designed to produce comparable data on the patient's perspectives on care that allows objective and meaningful comparison among hospitals on domains that are important to consumers. Second, public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care. Third, public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment. With these goals in mind, the HCAHPS project has taken substantial steps to assure that the survey will be credible, useful, and practical.

PRIMARY CLINICAL COMPONENT

Health care; inpatients' experiences; quietness of the hospital environment

DENOMINATOR DESCRIPTION

Hospital inpatients with an admission during the reporting period who answered the "Quietness of the Hospital Environment" question on the CAHPS Hospital Survey (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

The number of respondents from the denominator who indicated "Always," "Usually," "Sometimes," or "Never" on the question regarding their experiences with quietness of the hospital environment (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- Focus groups
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Agency for Healthcare Research and Quality (AHRQ). 2007 CAHPS hospital survey chartbook: what patients say about their experiences with hospital care. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2007 May. 62 p.(AHRQ Pub.; no. 07-0064-EF).

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National reporting
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Hospital inpatients with an admission during the reporting period meeting eligibility criteria (see the "Denominator Inclusions/Exclusions" field)

The basic sampling procedure* for HCAHPS requires the drawing of a random sample of eligible monthly discharges. Sampled patients must be surveyed between 48 hours and six weeks post discharge.

***Note:** Refer to the "CAHPS® Hospital Survey (HCAHPS). Quality Assurance Guidelines. Version 4.0" listed in the "Companion Documents" field for details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Hospital inpatients with an admission during the reporting period who met the following eligibility criteria and who answered the "Quietness of the Hospital Environment" question on the CAHPS Hospital Survey

- 18 years or older at the time of admission
- Admission includes at least one overnight stay in the hospital
 - An overnight stay is defined as an inpatient admission in which the patient's admission date is different from the patient's discharge date. The admission need not be 24 hours in length. For example, a patient had an overnight stay if he or she was admitted at 11:00 PM on Day 1, and discharged at 10:00 AM on Day 2. Patients who did not have an overnight stay should not be included in the sample frame (e.g., patients who were admitted for a short period of time solely for observation; patients admitted for same day diagnostic tests as part of outpatient care).
- Non-psychiatric MS-DRG/principal diagnosis at discharge

Note: Patients whose principal diagnosis falls within the Maternity Care, Medical, or Surgical service lines and who also have a secondary psychiatric diagnosis, are still eligible for the survey.

- Alive at the time of discharge

Note: Pediatric patients (under 18 years old at admission) and patients with a primary psychiatric diagnosis are ineligible because the current HCAHPS instrument is not designed to address the unique situation of pediatric patients and their families, or the behavioral health issues pertinent to psychiatric patients.

Exclusions

The following patients are excluded:

- "No-Publicity" patients – Patients who request that they not be contacted
- Court/Law enforcement patients (i.e., prisoners)
- Patients with a foreign home address (the U.S. territories – Virgin Islands, Puerto Rico, Guam, and Northern Mariana Islands are not considered foreign addresses and therefore, are not excluded)
- Patients discharged to hospice care (Hospice-home or Hospice-medical facility)
- Patients who are excluded because of state regulations

***Note:** Refer to the "CAHPS® Hospital Survey (HCAHPS). Quality Assurance Guidelines. Version 4.0" listed in the "Companion Documents" field for details.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Institutionalization

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of respondents from the denominator who indicated "Always," "Usually," "Sometimes," or "Never" on the question* regarding their experiences with quietness of the hospital environment

*"Quietness of the Hospital Environment" question:

- Q9: During this hospital stay, how often was the area around your room quiet at night?

Exclusions

Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Patient survey

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Weighted Score/Composite/Scale

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Case-mix adjustment

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

One of the methodological issues associated with making comparisons between hospitals is the need to adjust appropriately for patient-mix differences, survey mode, and non-response. Patient-mix refers to patient characteristics that are not under the control of the hospital that may affect measures of patient experiences, such as demographic characteristics and health status. The basic goal of adjusting for patient-mix is to estimate how different hospitals would be rated if they all provided care to comparable groups of patients.

Before public reporting hospital results, CMS adjusts for patient characteristics that affect ratings and are differentially distributed across hospitals. Most of the patient-mix items are included in the "About You" section of the instrument, while others are from administrative records. Based on the HCAHPS mode experiment and pilot data, and consistent with previous studies of patient-mix adjustment in CAHPS and in previous hospital patient surveys, we use the following variables in the patient-mix adjustment model:

- Type of service (medical, surgical, maternity care)
- Age (specified as a categorical variable)
- Education (specified as a linear variable)
- Self-reported general health status (specified as a linear variable)
- Emergency room admission source
- Response percentile (length of time between discharge and completion of survey)
- Language other than English spoken at home
- Interaction of age by service

Once the data are adjusted for patient-mix, there is a fixed adjustment for each of the reported measures for mode of administration (mail, telephone, mail with telephone follow-up, and active Interactive Voice Recognition). The patient-mix adjustment uses a regression methodology also referred to as covariance adjustment. For more information on survey mode and patient-mix adjustments of publicly reported HCAHPS scores, see "Mode and Patient-mix Adjustment of the CAHPS Hospital Survey (HCAHPS)," on the HCAHPS On-Line Web site at www.hcahpsonline.org/modeadjustment.aspx.

STANDARD OF COMPARISON

External comparison at a point in time

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The CAHPS Hospital Survey has been through extensive testing since the fall of 2003.

Pilot testing. Centers for Medicare and Medicaid Services (CMS) conducted pilot tests of the draft instrument through a contract with the Quality Improvement Organizations (QIOs) in three states: Arizona, Maryland, and New York. This pilot test included 132 hospitals and resulted in over 19,000 completed surveys. Testing began in June 2003 and ended in August 2003.

Focus groups. Agency for Healthcare Research and Quality (AHRQ) and CMS conducted six focus groups with consumers in October 2003 and another 10 in March 2004. These focus groups were conducted in four cities and included adults who had recently been in a hospital or who were caregivers for someone who had recently been in a hospital.

Additional field testing. Over a 6-month period beginning in the fall of 2003, the CAHPS Consortium tested the instrument in five volunteer sites encompassing over 375 hospitals:

- Calgary Health Region
- California Institute for Health System Performance
- California Regions of Kaiser Permanente
- Massachusetts General Hospital, and
- Premier Incorporated

The CAHPS Team used these field tests to learn more about the instrument, sampling processes, data collection processes, and other issues to survey implementation.

Pre-implementation testing. In the summer of 2004, the CAHPS Consortium worked with hospitals and vendors that volunteered to test the current instrument in order to identify ways to minimize the potential burden and disruption posed by the survey. Working with these test sites, researchers investigated various approaches to integrating the survey items into existing questionnaires as well as alternative protocols for administering the survey.

More pre-implementation testing took place in the spring and summer of 2005. Participants used this opportunity to integrate their own items into the CAHPS Hospital Survey and experiment with other issues related to sampling and survey administration.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Agency for Healthcare Research and Quality (AHRQ). Development and testing of the CAHPS hospital survey. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); [updated 2006 Jan 11]; [accessed 2006 Mar 08]. [3 p].

Identifying Information

ORIGINAL TITLE

Quietness of the hospital environment.

MEASURE COLLECTION

[CAHPS Hospital Survey](#)

SUBMITTER

Centers for Medicare & Medicaid Services

DEVELOPER

Agency for Healthcare Research and Quality
CAHPS Consortium
Centers for Medicare & Medicaid Services

FUNDING SOURCE(S)

Centers for Medicare & Medicaid Services

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Agency for Healthcare Research and Quality (AHRQ) CAHPS Grantees and the Division of Consumer Assessment & Plan Performance, Centers for Medicare & Medicaid Services

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None

ENDORSER

National Quality Forum

INCLUDED IN

Hospital Quality Alliance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 May

REVISION DATE

2006 Feb

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Agency for Healthcare Research and Quality (AHRQ). CAHPS hospital survey. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006 Feb 1. 4 p.

Centers for Medicare & Medicaid Services (CMS). HCAHPS survey [http://www.hcahpsonline.org]. [Web site]. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); [updated 2007 Mar 09]; [accessed 2006 Jun 21]. [various].

MEASURE AVAILABILITY

The individual measure, "Quietness of the Hospital Environment," is published in the "CAHPS Hospital Survey: Survey Instructions." This document is available in Portable Document Format (PDF) from the [CAHPS Hospital Survey Web site](#).

COMPANION DOCUMENTS

The following are available:

- Information and numerous documents about HCAHPS are available from the [CAHPS Hospital Survey Web site \(www.hcahpsonline.org\)](#).
- Centers for Medicare & Medicaid Services (CMS). CAHPS® Hospital Survey (HCAHPS). Quality assurance guidelines. Version 4.0. Baltimore (MD): Centers for Medicare & Medicaid Services (CMS); 2009 Feb. 366 p. This document is available in Portable Document Format (PDF) from the [CAHPS Hospital Survey Web site](#).
- Agency for Healthcare Research and Quality (AHRQ). 2007 CAHPS hospital survey chartbook: what patients say about their experiences with hospital care. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2007 May. 62 p. (AHRQ Pub.; no. 07-0064-EF). This document is available in Portable Document Format (PDF) from the [CAHPS Web site](#). See the related [QualityTools](#) summary.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on August 20, 2009. The information was verified by the measure developer on September 1, 2009.

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